

RECEIVED

2010 OCT 15 AM 10:27

FEC MAIL CENTER

FEC  
FORM 3XREPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)USE FEC MAILING LABEL  
OR TYPE OR PRINTExample: If typing, type  
over the lines

Anesthesia Service Medical Group Good Gov't Fund - Federal

ADDRESS (number and street)

7185 Navajo Road, Suite P

Check if different  
than previously  
reported. (ACC)

San Diego

CA

92119

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00216184

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Quarterly Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)

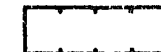


Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
Post-Election  
Report for the:

General (30G)

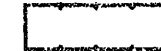


Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2010

through

09

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

C. April Boling, CPA

Signature of Treasurer

Date

10

12

2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
OnlyFEC FORM 3X  
(Rev. 12/2004)

10030443788

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Anesthesia Service Medical Group Good Gov't Fund - Federal

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	15216.26
(b) Cash on Hand at Beginning of Reporting Period .....	8274.06	
(c) Total Receipts (from Line 19) .....	5970.00	15025.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	14244.06	30241.26
7. Total Disbursements (from Line 31) .....	10746.11	26743.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	3497.95	3497.95
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

10030443789

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Anesthesia Service Medical Group Good Gov't Fund - Federal

Report Covering the Period:

From:

MM DD YYYWY  
07 01 2010

To:

MM DD YYYWY  
09 30 2010

## **I. Receipts**

### **COLUMN A Total This Period**

### **COLUMN B Calendar Year-to-Date**

#### **11. Contributions (other than loans) From:**

##### **(a) Individuals/Persons Other**

Than Political Committees

(i) Itemized (use Schedule A) .....

2110.00

3010.00

(ii) Unitemized .....

3860.00

12015.00

(iii) TOTAL (add  
Lines 11(a)(i) and (ii) .....

5970.00

15025.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs) .....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b) and (c)) (Carry  
Totals to Line 33, page 5) .....

5970.00

15025.00

#### **12. Transfers From Affiliated/Other**

Party Committees .....

0.00

0.00

#### **13. All Loans Received .....**

0.00

0.00

#### **14. Loan Repayments Received .....**

0.00

0.00

#### **15. Offsets To Operating Expenditures**

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5) .....

0.00

0.00

#### **16. Refunds of Contributions Made**

to Federal candidates and Other

Political Committees .....

0.00

0.00

#### **17. Other Federal Receipts**

(Dividends, Interest, etc.) .....

0.00

0.00

#### **18. Transfers from Non-Federal and Levin Funds**

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfer (add 18(a) and 18(b)).

0.00

0.00

#### **19. Total Receipts (add Lines 11(d),**

12, 13, 14, 15, 16, 17, and 18(c)) .....

5970.00

15025.00

#### **20. Total Federal Receipts**

(subtract Line 18(c) from Line 19) .....

5970.00

15025.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1346.11	2093.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1346.11	2093.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9400.00	24650.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ➤	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10746.11	26743.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10746.11	26743.31

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	5970.00	15025.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5970.00	15025.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1346.11	2093.31
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1346.11	2093.31

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**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Good Gov't Fund - Federal

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Marvin Benson</p> <p>Mailing Address 13890 Crest Way</p> <p>City State Zip Code Del Mar CA 92014</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer ASMG</p> <p>Occupation Anesthesiologist</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year</p> <p>Aggregate Year-to-Date ▼ 275.00</p>	<p>Date of Receipt MM / DD / YYYY 09 / 30 / 2010</p> <p>Transaction ID: 11AI-22897-IP</p> <p>Amount of Each Receipt this Period 110.00</p> <p>Payroll Deduction (\$55 Monthly)</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Terrance Breen</p> <p>Mailing Address 5503 Rutgers Rd</p> <p>City State Zip Code La Jolla CA 92037</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer ASMG</p> <p>Occupation Anesthesiologist</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt MM / DD / YYYY 09 / 30 / 2010</p> <p>Transaction ID: 11AI-22982-IP</p> <p>Amount of Each Receipt this Period 200.00</p> <p>Payroll Deduction (\$100 Monthly)</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Robert Brucker</p> <p>Mailing Address 3253 Lahitte Court</p> <p>City State Zip Code San Diego CA 92122</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer ASMG</p> <p>Occupation Anesthesiologist</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt MM / DD / YYYY 09 / 30 / 2010</p> <p>Transaction ID: 11AI-22899-IP</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Payroll Deduction (\$50 Monthly)</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional) ..... <b>410.00</b></p>	
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 7 / 14	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Anesthesia Service Medical Group Good Gov't Fund - Federal

A.	Full Name (Last, First, Middle Initial) Michael Danielson		Date of Receipt MM / DD / YYYY 09 / 30 / 2010	
	Mailing Address 500 W. Harbor Drive, Suite 1102		Transaction ID: 11AI-22986-IP	
	City San Diego	State CA	Zip Code 92101	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C			
	Name of Employer ASMG Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year		Occupation Anesthesiologist Aggregate Year-to-Date 250.00 Payroll Deduction (\$50 Monthly)	
B.	Full Name (Last, First, Middle Initial) Daniel DeRoo		Date of Receipt MM / DD / YYYY 09 / 30 / 2010	
	Mailing Address 12649 Sagecrest Drive		Transaction ID: 11AI-22902-IP	
	City Poway	State CA	Zip Code 92064	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C			
	Name of Employer ASMG Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year		Occupation Anesthesiologist Aggregate Year-to-Date 250.00 Payroll Deduction (\$50 Monthly)	
C.	Full Name (Last, First, Middle Initial) Kent Diveley		Date of Receipt MM / DD / YYYY 09 / 30 / 2010	
	Mailing Address 6537 Wandemere Drive		Transaction ID: 11AI-22903-IP	
	City San Diego	State CA	Zip Code 92120	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C			
	Name of Employer ASMG Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year		Occupation Anesthesiologist Aggregate Year-to-Date 250.00 Payroll Deduction (\$50 Monthly)	

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

10030443794

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 8 / 14	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Good Gov't Fund - Federal

<b>A.</b>		Full Name (Last, First, Middle Initial) Brandon Giap		Date of Receipt 09 / 30 / 2010	
Mailing Address		6715 Rancho Toyon Place		Transaction ID: 11AI-22988-IP	
City		San Diego		Amount of Each Receipt this Period 200.00	
State		CA			
Zip Code		92130			
FEC ID number of contributing federal political committee.		C			
Name of Employer ASMG		Occupation Anesthesiologist			
Receipt For: 2010		Aggregate Year-to-Date ▼		Payroll Deduction (\$100 Monthly)	
<input type="checkbox"/> Primary <input type="checkbox"/> General					
<input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year		500.00			

<b>B.</b>		Full Name (Last, First, Middle Initial) Claudia Herd		Date of Receipt 09 / 30 / 2010	
Mailing Address		16723 Circa Del Norte		Transaction ID: 11AI-22941-IP	
City		Rancho Santa Fe		Amount of Each Receipt this Period 100.00	
State		CA			
Zip Code		92067			
FEC ID number of contributing federal political committee.		C			
Name of Employer ASMG		Occupation Anesthesiologist			
Receipt For: 2010		Aggregate Year-to-Date ▼		Payroll Deduction (\$50 Monthly)	
<input type="checkbox"/> Primary <input type="checkbox"/> General					
<input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year		250.00			

<b>C.</b>		Full Name (Last, First, Middle Initial) Garth Huston		Date of Receipt 09 / 30 / 2010	
Mailing Address		407 Shore View Ln		Transaction ID: 11AI-22911-IP	
City		Leucadia		Amount of Each Receipt this Period 100.00	
State		CA			
Zip Code		92024			
FEC ID number of contributing federal political committee.		C			
Name of Employer ASMG		Occupation Anesthesiologist			
Receipt For: 2010		Aggregate Year-to-Date ▼		Payroll Deduction (\$50 Monthly)	
<input type="checkbox"/> Primary <input type="checkbox"/> General					
<input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year		250.00			

SUBTOTAL of Receipts This Page (optional) .....

400.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Good Gov't Fund - Federal

A.

Full Name (Last, First, Middle Initial)

Dandy Lee

Mailing Address 701 Midori Ct.

City

Solana Beach

State

CA

Zip Code

92075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASMG

Occupation  
Anesthesiologist

Receipt For: 2010

☐ Primary ☐ General  
☒ Other (specify) ☐  
Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2010

Transaction ID: 11AI-22966-IP

Amount of Each Receipt this Period

100.00

Payroll Deduction (\$50 Monthly)

B.

Full Name (Last, First, Middle Initial)

Al  x Pue

Mailing Address 3652 Carleton Street

City

San Diego

State

CA

Zip Code

92106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASMG

Occupation  
Anesthesiologist

Receipt For: 2010

☐ Primary ☐ General  
☒ Other (specify) ☐  
Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2010

Transaction ID: 11AI-22957-IP

Amount of Each Receipt this Period

100.00

Payroll Deduction (\$50 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mark S. Ransom

Mailing Address 859 Morning Sun Drive

City

Encinitas

State

CA

Zip Code

92024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASMG

Occupation  
Anesthesiologist

Receipt For: 2010

☐ Primary ☐ General  
☒ Other (specify) ☐  
Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2010

Transaction ID: 11AI-22959-IP

Amount of Each Receipt this Period

200.00

Payroll Deduction (\$100 Monthly)

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

10030443796

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Good Gov't Fund - Federal

A.

Full Name (Last, First, Middle Initial)

Peter Raudaskoski

Mailing Address 11256 Sherrard Way

City

San Diego

State

CA

Zip Code

92131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASMG

Occupation  
Anesthesiologist

Receipt For: 2010

☐ Primary ☐ General  
☒ Other (specify) ▼  
Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2010

Transaction ID: 11AI-22917-IP

Amount of Each Receipt this Period

100.00

Payroll Deduction (\$50 Monthly)

B.

Full Name (Last, First, Middle Initial)

Stephen Rogers

Mailing Address 1340 Opal Street

City

San Diego

State

CA

Zip Code

92109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASMG

Occupation  
Anesthesiologist

Receipt For: 2010

☐ Primary ☐ General  
☒ Other (specify) ▼  
Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2010

Transaction ID: 11AI-22918-IP

Amount of Each Receipt this Period

100.00

Payroll Deduction (\$50 Monthly)

C.

Full Name (Last, First, Middle Initial)

Steven A. Saltz

Mailing Address 2757 Inverness Dr.

City

Carlsbad

State

CA

Zip Code

92008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASMG

Occupation  
Anesthesiologist

Receipt For: 2010

☐ Primary ☐ General  
☒ Other (specify) ▼  
Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2010

Transaction ID: 11AI-22960-IP

Amount of Each Receipt this Period

100.00

Payroll Deduction (\$50 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

300.00

TOTAL This Period (last page this line number only) ▶

10030443797

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 11 / 14	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Anesthesia Service Medical Group Good Gov't Fund - Federal

A. Full Name (Last, First, Middle Initial) Lei Wang		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 11149 Corte Mar de Cristal		Transaction ID: 11AI-22994-IP
City San Diego	State CA	Zip Code 92130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer ASMG	Occupation Anesthesiologist	Payroll Deduction (\$50 Monthly)
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 250.00	

B. Full Name (Last, First, Middle Initial) John Wright		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3063 Cranbrook Ct		Transaction ID: 11AI-22925-IP
City La Jolla	State CA	Zip Code 92037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer ASMG	Occupation Anesthesiologist	Payroll Deduction (\$50 Monthly)
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 250.00	

C. Full Name (Last, First, Middle Initial) Roger Zeman		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3545 Front St		Transaction ID: 11AI-22927-IP
City San Diego	State CA	Zip Code 92103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer ASMG	Occupation Anesthesiologist	Payroll Deduction (\$50 Monthly)
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	2110.00

10030443798

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Good Gov't Fund - Federal

A.

Full Name (Last, First, Middle Initial)  
Atlantic Information Services

Mailing Address 1100 17th St NW Ste 300

City State Washington DC Zip Code 20036-4631

Purpose of Disbursement  
Subscription

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21B-707  
Date of Disbursement

07 / 16 / 2010

Amount of Each Disbursement this Period

365.00

B.

Full Name (Last, First, Middle Initial)  
C. April Boling, CPA

Mailing Address 7185 Navajo Rd Ste P

City State San Diego CA Zip Code 92119

Purpose of Disbursement  
Accounting

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21B-710  
Date of Disbursement

08 / 13 / 2010

Amount of Each Disbursement this Period

282.11

C.

Full Name (Last, First, Middle Initial)  
National Journal Group, Inc

Mailing Address P.O. Box 84408

City State Baltimore MD Zip Code 21298-8228

Purpose of Disbursement  
Subscription

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21B-706  
Date of Disbursement

07 / 16 / 2010

Amount of Each Disbursement this Period

699.00

SUBTOTAL of Disbursements This Page (optional) .....

1346.11

TOTAL This Period (last page this line number only) .....

1346.11

10030443799

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Good Gov't Fund - Federal

<b>A.</b> Full Name (Last, First, Middle initial) Brian Bilbray for Congress	<b>Transaction ID:</b> 23-704 <b>Date of Disbursement</b>
Mailing Address PO Box 455	<div> <div>07</div> <div>16</div> <div>2010</div> </div>
City State Rancho Santa Fe CA Zip Code 92067	<b>Amount of Each Disbursement this Period</b> 2400.00
Purpose of Disbursement Political Contribution	<div>011</div>
Candidate Name Brian Bilbray	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California	<b>Transaction ID:</b> 23-705 <b>Date of Disbursement</b>
Mailing Address PO Box 710187	<div> <div>07</div> <div>16</div> <div>2010</div> </div>
City State San Diego CA Zip Code 92171	<b>Amount of Each Disbursement this Period</b> 1000.00
Purpose of Disbursement Political Contribution	<div>011</div>
Candidate Name Carly Fiorina	Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California	<b>Transaction ID:</b> 23-712 <b>Date of Disbursement</b>
Mailing Address PO Box 710187	<div> <div>08</div> <div>16</div> <div>2010</div> </div>
City State San Diego CA Zip Code 92171	<b>Amount of Each Disbursement this Period</b> 3000.00
Purpose of Disbursement Political Contribution	<div>011</div>
Candidate Name Carly Fiorina	Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>SUBTOTAL of Disbursements This Page (optional)</b>	6400.00
<b>TOTAL This Period (last page this line number only)</b>	

10030443800

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Good Gov't Fund - Federal

<b>A.</b>		Full Name (Last, First, Middle initial) Lungren for Congress		Transaction ID: 23-714 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010	
Mailing Address		1029 H Street, Suite 305		Amount of Each Disbursement this Period 1000.00	
City State Sacramento CA		Zip Code 95814			
Purpose of Disbursement Political Contribution		<input type="checkbox"/> 011 Category/ Type			
Candidate Name Dan Lungren					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: CA District: 03					
<b>B.</b>		Full Name (Last, First, Middle Initial) Price for Congress		Transaction ID: 23-713 Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2010	
Mailing Address		PO Box 425		Amount of Each Disbursement this Period 2000.00	
City State Roswell GA		Zip Code 30077			
Purpose of Disbursement Political Contribution		<input type="checkbox"/> 011 Category/ Type			
Candidate Name Tom Price					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: GA District: 06					

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

9400.00

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered Date of Receipt

☐ USPS First Class Mail Postmarked

☐ USPS Registered/Certified Postmarked (R/C)

☐ USPS Priority Mail Postmarked  
Delivery Confirmation™ or Signature Confirmation™ Label ☐

☐ USPS Express Mail Postmarked

☐ Postmark Illegible

☐ No Postmark

☒ Overnight Delivery Service (Specify): *Fed Ex* Shipping Date  
*10/13/10*  
Next Business Day Delivery ☐

☐ Received from House Records & Registration Office Date of Receipt

☐ Received from Senate Public Records Office Date of Receipt

☐ Received from Electronic Filing Office Date of Receipt

☐ Other (Specify): Date of Receipt or Postmarked

*Ed*  
PREPARER

*10/15/10*  
DATE PREPARED